

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION		>> CAUTION PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	LAMOINE	The Permit issued with	LAMOINE Date Permit Issued: <u>5/22/12</u> <i>[Signature]</i> Local Plumbing Inspector Signature
Street or Road	PARTRIDGE COVE ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		PERMIT # 1688 TOWN COPY	<input type="checkbox"/> Double Fee
Name (last, first, MI)	CAMPBELL, MICHELLE <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	\$ <u>1,125.00</u>	FEE Charged
Mailing Address of	32 MARSH ROAD	L.P.I. #	<u>1,0,1,1</u>
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	BASS HARBOR, ME. 04653		
Daytime Tel. #	(207) 460-6868	Municipal Tax Map #	<u>4</u> Lot # <u>3590</u>
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
<i>Michelle Wells</i> Signature of Owner or Applicant		<i>[Signature]</i> Local Plumbing Inspector Signature	
Date		3/22/12 (1st Date Approved) 6/5/12 (2nd Date Approved)	

PERMIT INFORMATION

TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S) <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY TO BE <u>5±</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____ Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY TO BE <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>18 END</u> FEED CONCRETE CHAMBERS <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>1620</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>360</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>B1D</u> at Observation Hole # <u>1</u> Depth <u>10</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large -- 3.3 sq. ft./gpd <input checked="" type="checkbox"/> 3. Large -- 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large -- 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44° 29' 05" N</u> Lon. <u>68° 17' 58" W</u> If g.p.s., state margin of error <u>30'</u>

SITE EVALUATOR STATEMENT

I certify that on 4-25-11 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241)

William A. LaBelle, Jr.
 Site Evaluator Signature
 WILLIAM A. LABELLE, JR.
 Site Evaluator Name Printed

319
 SE#
 (207) 537-5900
 Telephone Number

5-1-11 REVISED 9-20-11 W.A.L.
 Date
 labelleseptic@rivah.net
 E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health
(207) 287-5672 FAX (207) 287-3105

Town, City, Plantation
LAMOINE

Street, Road, Subdivision

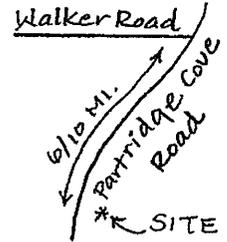
PARTRIDGE COVE ROAD
SITE PLAN

Owner or Applicant Name

MICHELLE CAMPBELL

Scale 1" = 40 Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)



(SEE ATTACHED SITE PLAN)

(TP #3 = 7-D 12" SW.T.)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1 Test Pit Boring

3 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
FINE		OLIVE BROWN (2.5Y4/3)	N.E.
SANDY LOAM	FRIABLE	LIGHT YELLOWISH	COMMON DISTINCT
VERY FINE SANDY SILT	COMPACTED	BROWN (2.5Y 6/4)	MANY PROMINENT

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Observation Hole #2 Test Pit Boring

3 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
FINE		BROWN (10YR4/3)	N.E.
SANDY LOAM	FRIABLE	YELLOWISH BROWN (10YR5/6)	COMMON DISTINCT
VERY FINE SANDY SILT	COMPACTED	LIGHT BROWN (2.5Y 6/4)	TO MANY PROMINENT

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<u>8</u>	<u>D</u>	<u>2</u> %	<u>10</u> " Depth	<input type="checkbox"/> Restrictive Layer
	Condition			<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<u>8</u>	<u>D</u>	<u>2</u> %	<u>10</u> " Depth	<input type="checkbox"/> Restrictive Layer
	Condition			<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

W. G. 2011
Site Evaluator's Signature

319
S. E. #

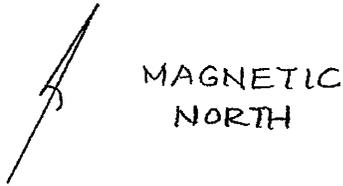
5-1-11
Date

REV. 9-20-11

Page 2 of 3
HHE-200 Rev. 02/2011

SITE PLAN:

SCALE: 1" = 40 FT.



MINOR WATER COURSE

NOTE:
IF PUMPED, SEE
NOTES 6 & 7, PG. 3.

APPROX.
PROPERTY
LINE

PROPOSED
HOUSE

ERP, NAIL IN
7" DIA. FIR
TREE

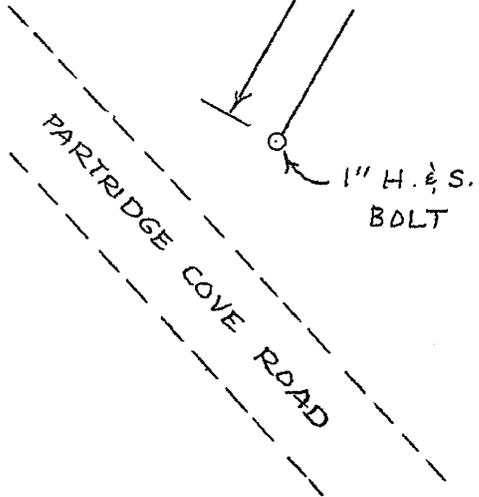
14" DIA. MAPLE,
FOR TIE, AS
MARKED

PROPOSED 1000 GAL.
SEPTIC TANK. TANK
MUST BE 8' MIN.
FROM BUILDING.

PROPOSED 18
END FEED
CHAMBERS

NOTE:

POOR CLAY SOILS EXIST,
DO NOT OVER SCARIFY SITE.
GENTLY REMOVE STUMPS,
ROOTS AND ORGANIC MATTER,
ONLY.

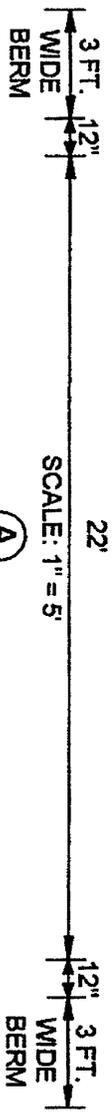


W. O. 2011
Site Evaluator's Signature

319
S.E. #

REV 9-20-11
5-1-11
Date

DISPOSAL AREA CROSS SECTION



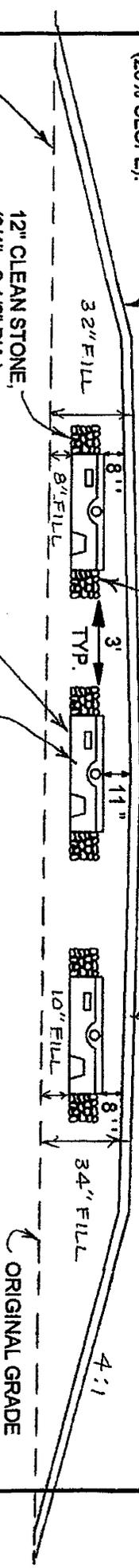
(A)

NOTE:
 ALL WORK ADJACENT TO WETLANDS, WATER BODIES AND WATER COURSES MUST BE DONE IN COMPLIANCE WITH SECTION 11-M OF THE SUBSURFACE RULES. (SEE NOTE 5, PG. 3).

FILL MATERIAL SHALL BE 8"-12" THICK OVER CHAMBERS AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 11-E IN THE SUBSURFACE RULES.

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER; SEED AND MULCH TO PREVENT EROSION, SEC. 11-G.

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F
 RECOMMENDED OVER STONE AND CHAMBERS
 FILL EXTENSIONS
 NO GREATER THAN 4:1,
 (25% SLOPE).



12" CLEAN STONE,
 (3/4" - 2 1/2" DIA.),
 UNIFORM SIZE.

REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA, SEC. 11-B.

BOTTOM OF CHAMBERS MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL CLEAN, COARSE, SHARP SAND INTO TOP 4 INCHES OF ORIGINAL SOIL TO CREATE A TRANSITION ZONE, SEC. 11-B.

ELEVATIONS:

- ELEV. REF. PT. (ERP): 0"
- FINISHED GRADE: -36"
- TOP OF CHAMBERS: -47"
- BOTTOM OF CHAMBERS: -60"

OWNER: MICHELLE CAMPBELL
 LOCATION: LAMPINE

NOTE:
 SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE MOST CURRENT VERSION OF THE STATE OF MAINE SUBSURFACE WASTEWATER DISPOSAL RULES. INSTALLATION CONTRACTOR MUST BE FAMILIAR WITH SAID RULES AND CONSTRUCT SYSTEM IN FULL COMPLIANCE WITH SECTION 11 OF SAID RULES.

William A. Labelle, Jr.
 WILLIAM A. LABELLE, JR.

319
 S.E.#

5-1-11 REV 9-20-11
 DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5872 Fax: (207) 287-3185

>> CAUTION: LPI APPROVAL REQUIRED <<

PROPERTY LOCATION	
City, Town, or Plantation	Lamoine
Street or Road	Partridge Cove Road
Subdivision, Lot #	NA
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant Campbell, Chad & Michelle
Mailing Address of Owner/Applicant	32 Marsh Road Bass Harbor, ME 04653
Daytime Tel. #	244-0403
OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.	
Signature of Owner or Applicant	Date

Town/City _____ Permit # _____
Date Permit Issued ___/___/___ Fee: \$ _____ Double Fee Charged []
L.P.I. # _____
Local Plumbing Inspector Signature _____

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # _____ Lot # _____

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
(1st) date approved _____
Local Plumbing Inspector Signature _____ (2nd) date approved _____

PERMIT INFORMATION		
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 5 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other "Proposed"
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>Top Seam</u> CAPACITY: <u>1000</u> GAL	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: <u>Enviro-Septic Pipe</u> SIZE: <u>300</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes of Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>366</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.1 (other facilities) SHOW CALCULATIONS — for other facilities — (4 bdms x 90 gpd = 360 gpd. min.) <input checked="" type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>8</u> / CONDITION <u>C</u> / DESIGN <u>1</u> at Observation Hole # <u>TB-1</u> Depth <u>16</u> " of Most Limiting Soil Factor Groundwater	DISPOSAL FIELD SIZING <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: <u>NA</u> gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>29</u> m <u>5.2</u> s Lon. <u>68</u> d <u>17</u> m <u>58.1</u> s if g.p.s. state margin of error: <u>20'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>10/13/2011</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
<u>J Peter Crane #5003 MEES</u> Site Evaluator Signature	<u>LSE #33</u> SE #	<u>10/27/2011</u> Date
<u>J. Peter Crane</u> Site Evaluator Name Printed	<u>207-667-5007</u> Telephone Number	<u>pahcrane@myfairpoint.net</u> Email Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation
Lamoine

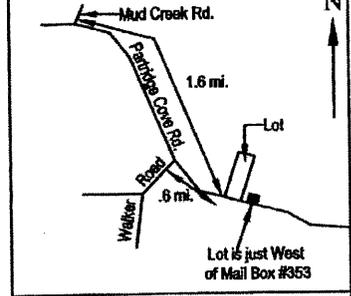
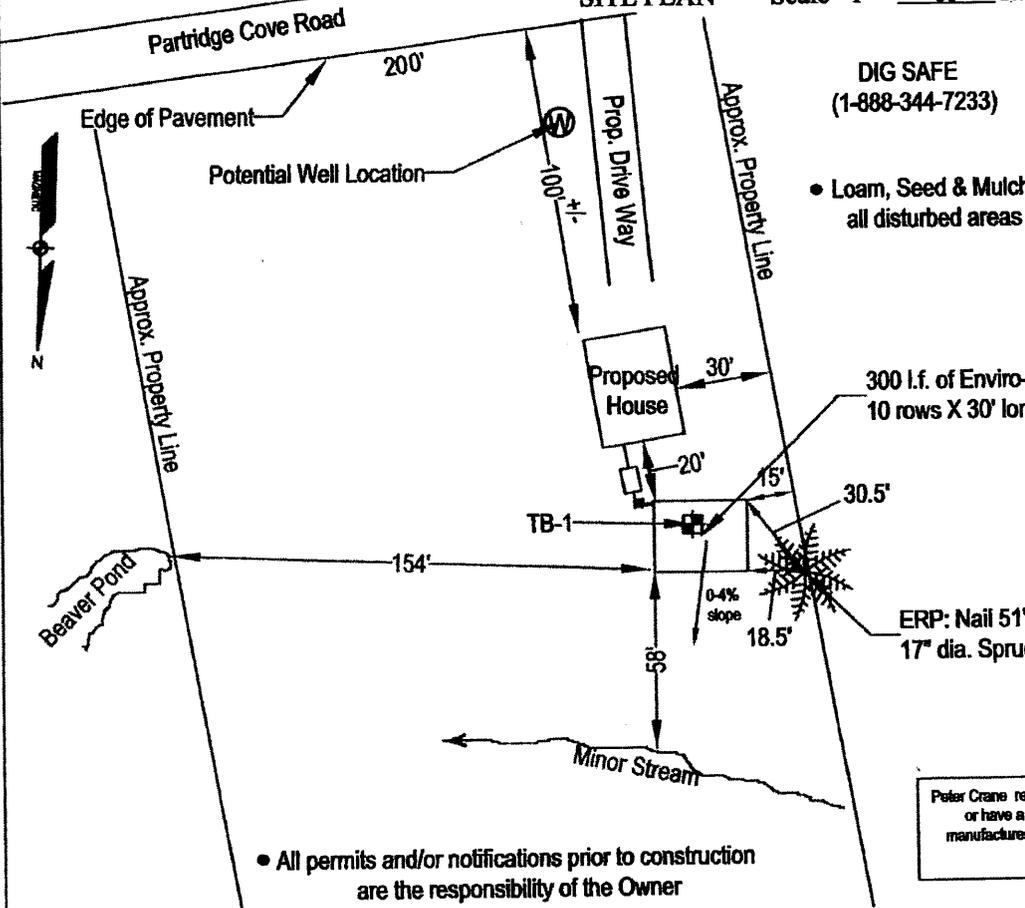
Street, Road, Subdivision
Partridge Cove Road

Owner or Applicant Name
Chad & Michelle Campbell

SITE PLAN

Scale 1" = 60 ft.

SITE LOCATION PLAN



DIG SAFE
(1-888-344-7233)
• Loam, Seed & Mulch all disturbed areas

- Well must be 100' from Disposal Area and 50' from a Top Seam Septic Tank
- Disposal Area must be Minimum of 20' from foundation
- Septic Tank must be Minimum of 8' from building foundation

Peter Crane receives no financial benefit from or have a business agreement with manufactures of any Proprietary Leaching Products

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TB-1 Test Pit Boring

3 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0 - 6	Fine Sandy Loam	Friable	DARK GRAYISH BROWN	NONE
6 - 12	LOAMY Fine Sand	Friable	YELLOWISH BROWN	Common and Distinct
12 - 30	Stratified Sand and Silt	Somewhat Firm	LIGHT YELLOWISH BROWN	
30 - 36			Olive Brown	
36 - 42	Limit of Excavation at 34 inches			
42 - 48				

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater
<u>8</u>	<u>C</u>	<u>14</u> Percent	<u>16"</u> Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Observation Hole # _____ Test Pit Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0 - 48	NA			

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

J. Peter Crane #5003 MEES
Site Evaluator Signature

33
SE #

10/27/2011
Date

Page 2 of 3
HHE-200 Rev. 10/02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

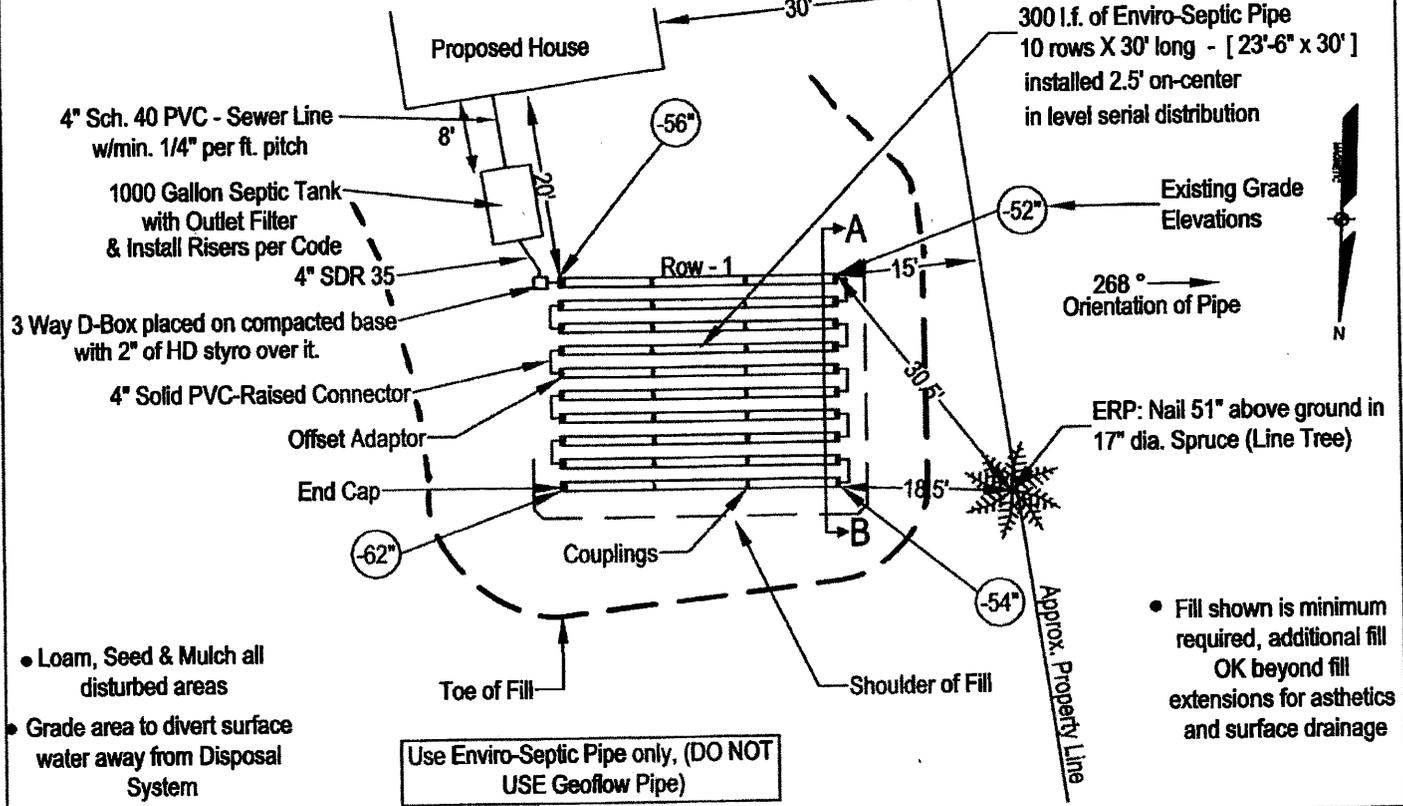
Town, City, Plantation
Lamoine

Street, Road, Subdivision
Partridge Cove Road

Owner or Applicant Name
Chad & Michelle Campbell

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 24-20"
Depth of Backfill (downslope) 30-22"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation (at Row 1) -32"
Top of Proprietary Device (at Row 1) -44"
Bottom of E-S PIPE (at Row 1) -56"

ELEVATION REFERENCE POINT

Location & Description: Nail 51" above ground in 17" dia. Spruce (Line Tree)
Reference Elevation is 0.0" **"ASSUMED"**

DISPOSAL FIELD CROSS SECTION

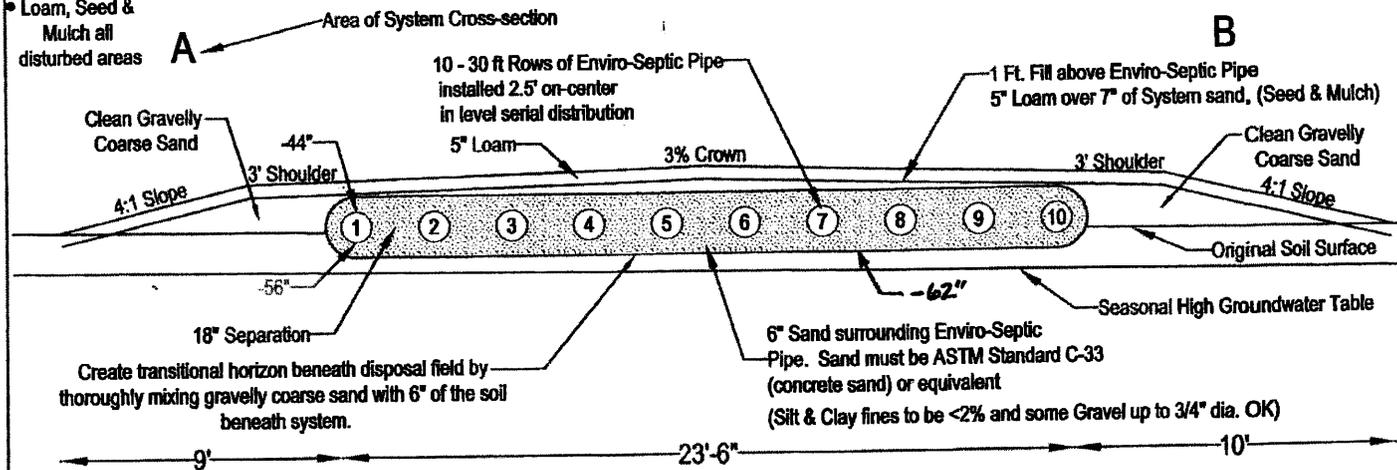
• Remove organics & scarify entire area to be filled.

• Loam, Seed & Mulch all disturbed areas

ROW #	1	2	3	4	5	6	7	8	9	10
TOP	-44"	-44"	-44"	-44"	-44"	-44"	-44"	-44"	-44"	-44"
BOTTOM	-56"	-56"	-56"	-56"	-56"	-56"	-56"	-56"	-56"	-56"

• Grade area to divert surface water away from Disposal System

Scales:
Verticle: 1" = 6'
Horizontal: 1" = 6'



J. Peter Crane #5003MEES
Site Evaluator Signature

33
SE #

10/27/2011
Date

Page 3 of 3
HHE-200 Rev. 10/02